

State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

Annual Report for the year: 2020  
 Corporation

Filing period: January 1 - March 1  
 Filing Fee: \$50.00  
 Penalty: Additional \$25.00 fee if form is not filed by April 1

**FILED**

MAR 13 2020

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1. Entity ID Number <b>001672780</b>		2. Exact name of the Corporation <b>LITTLECHAIR, INC.</b>			
3. Principal Office Address <b>109 CEDAR STREET</b>			City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02818</b>
4. NAICS Code <b>541519</b>		6. Brief description of the character of business conducted in Rhode Island <b>WEB DESIGN</b>			
5. State of Incorporation <b>MA</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>JENNIFER ROBBINS</b>			Vice-President Name		
Street Address <b>109 CEDAR STREET</b>			Street Address		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SLRIS	PAR VALUE
		1000			1
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative <i>Jennifer Robbins</i>					Date <b>3/11/20</b>
Signature of Authorized Representative <b>JENNIFER ROBBINS</b>					

**MAIL TO:**

Division of Business Services  
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 Website: www.sos.ri.gov